

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

193

234

## 1. PLACE OF BIRTH

County

Gila

State

Arizona

District or Township

Globe

or Village

City

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

## 2. Full name of child

Miguel Herrera

{ If child is not yet named, make supplemental report, as directed.

## 3. Sex of Child

To be answered ONLY  
in event of plural  
births.

Male

## 4. Twin, triplet or other.

## 6. Legitimate?

yes

## 7. Date

of birth 10-27-30  
Month Day Year

## 8.

### FATHER

Full name

Venceslas Herrera

## 9. Residence

(Usual place of abode)

Globe

If non-resident, give place and state.

Arizona

## 10. Color or race

Mexican

## 11. Age at last birthday

28

(Years)

## 12. Birthplace (city or place)

Mexico

(State or country)

## 13. Occupation

Nature of Industry

miner.

## 14.

### MOTHER

Full maiden name

Carlotta Menendez

## 15. Residence

(Usual place of abode)

Santa Rita

If non-resident, give place and state.

Arizona

## 16. Color or race

Mexican

## 17. Age at last birthday

21

(Years)

## 18. Birthplace (city or place)

Santa Rita

(State or country)

New Mexico

## 19. Occupation

Nature of Industry

Housewife

## 20. Number of children of this mother

4

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living

4

(b) Born alive but now dead

0

(c) Stillborn

0

## 21. Were precautions taken against ophthalmia neonatorum?

yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 a.m. on the date above stated.

(Born alive or stillborn.)

Signature

Herman B. Bodemer

Physician

(Physician or Midwife).

Given name added from a supplemental report

Month, day, year

Address

Globe Arizona

Registrar

Filed 1/4

1931

G. E. Wightman

Registrar

481-1027-345